10663207

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

128x-105601

| Ellective ballday 1, 2000                                                                                                       |             |                                           |               |              |                                  |                  |          | 11221-103601        |                        |                   |                     |                        |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------|---------------|--------------|----------------------------------|------------------|----------|---------------------|------------------------|-------------------|---------------------|------------------------|
| CLAIMS AS                                                                                                                       |             |                                           | (Column 1)    |              | (Column 2)                       |                  |          | SMALL ENTITY TYPE   |                        | OTHER<br>OR SMALL |                     |                        |
| TOTAL CLAIMS                                                                                                                    |             |                                           | 37            |              |                                  |                  |          | RATE                | FEE                    |                   | RATE                | FEE                    |
| FOR                                                                                                                             |             |                                           | NUMBER FILED  |              | NUMBER EXTRA                     |                  |          | BASIC FEE           | 375.00                 | OR                | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                         |             |                                           | 3 2 minus 20= |              | * 12                             |                  |          | X\$ 9=              |                        | OR                | X\$18=              | 216                    |
| INDEPENDENT CLAIMS                                                                                                              |             |                                           | minus 3 =     |              | 6                                |                  |          | X42=                |                        | OR                | X84=                | -                      |
| MULTIPLE DEPENDENT CLAIM P                                                                                                      |             |                                           | RESENT        |              |                                  |                  |          | +140=               |                        | OR                | +280=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                        |             |                                           |               |              |                                  |                  | TOTAL    |                     | OR                     | TOTAL             | 9/1                 |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                                                                    |             |                                           |               |              |                                  |                  | <u>)</u> | SMALL I             | ENTITY                 | OR                | OTHER<br>SMALL      |                        |
| AMENDMENTA                                                                                                                      |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR     | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |                   | RATE                | ADDI-<br>TIONAL<br>FEE |
| 2                                                                                                                               | Total       | .32                                       | Minus         | 32           |                                  | <b>\</b>         |          | X\$ 9=              |                        | OR                | X\$18=              |                        |
| WE WE                                                                                                                           | Independent | · 2                                       | Minus         | ***3         |                                  |                  |          | X42=                |                        | OR                | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                  |             |                                           |               |              |                                  |                  | 1        | +140=               |                        | OR                | +280=               |                        |
|                                                                                                                                 |             |                                           |               |              |                                  |                  |          | TOTAL ADDIT. FEE    |                        | ÒВ                | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                |             |                                           |               |              |                                  |                  |          |                     |                        |                   |                     |                        |
| AMENDMENT B                                                                                                                     |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUI<br>PREV  | HEST<br>MBER<br>MOUSLY<br>D FOR  | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |                   | RATE                | ADDI-<br>TIONAL<br>FEE |
| MO                                                                                                                              | Total       | *                                         | Minus         | **           |                                  | =                |          | X\$ 9=              |                        | OR                | X\$18=              |                        |
| MEN                                                                                                                             | Independent | *                                         | Minus         | ***          | T () A11                         | - 0              | _        | X42=                |                        | OR                | X84=                |                        |
| Ľ                                                                                                                               | FIRST PRESE | NTATION OF M                              | ULTIPLE DE    | PENDEN       | IT CLAIN                         |                  | J        | +140=               |                        | OR                | +280=               |                        |
|                                                                                                                                 |             |                                           |               |              |                                  |                  |          | TOTAL<br>ADDIT, FEE |                        | OR                | TOTAL               |                        |
|                                                                                                                                 |             | (Column 1)                                |               |              | umn 2)                           | (Column          | 3)       | ,                   |                        |                   |                     |                        |
| AMENDMENT C                                                                                                                     |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NU<br>PRE    | SHEST<br>MBER<br>MOUSLY<br>D FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |                   | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                 | Total       | *                                         | Minus         | **           |                                  | =                |          | X\$ 9=              |                        | OF                | X\$18=              |                        |
|                                                                                                                                 | Independent | *                                         | Minus         | ***          |                                  | =                |          | X42=                |                        | OF                | X84=                |                        |
| F                                                                                                                               | FIRST PRESE | NTATION OF                                | AULTIPLE DE   | PENDE        | NT CLAI                          | M L              | _        | +140=               |                        | OF                |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                           |             |                                           |               |              |                                  |                  | 20."     | TOTAL               |                        | OF                | TOTA                |                        |
| and the Sulphor thimber Products Paid For IN THIS SPACE is less than 3. enter 3."                                               |             |                                           |               |              |                                  |                  |          |                     |                        |                   |                     | E <b>!</b>             |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest numb r found in the appropriate box in column 1. |             |                                           |               |              |                                  |                  |          |                     |                        |                   |                     |                        |